KMOH

10/01/2014

FCC 388

DTV Consumer Education Quarterly Activity Report

Instructions

Station Call Sign(s)

24753

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: http://fjallfoss.fcc.gov/prod/ecfs/upload v2.cgi
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file
 that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Report reflects in	formation for quart	er ending (mm/dd/yy)		03/31/08		
Have you opted to	comply with Optio	n One, Two, or Three	e (once elected, this cho	ice may not	change)?		
Option One (A and D)			Two (B and D)	Option Three (C and D)			
Over the past qua	rter, have you fully No	complied with the re	quirements of this optio	n?			
Simulcasting							
Are you simulcasti	ng on your Analog cl	nannel and your prima	ry Digital stream?				
	Yes No						
	(22)		nly one form for both. If d for your primary Digita	l stream		Allalog	
Call Sign	Channel Numbers		145-0-47	Community of	96798	Zip Code	
КМОН	Analog 6 Digital 19		City Kingman	State AZ	County	86401	
Licensee Phoeni	x 6 TV, LLC			1			
Above, circle the Chanr Channel 6 and Chanr	nel Number(s) to which thi	s form applies.	Nielsen DMA Phoenix	and State Person	Vide Web Home Page ntvtr3sphx.com	Address	
Facility ID Number Previous Call Sign (if applicable)			Lic	License Renewal Expiration Date (mm/dd/yy)			

Section A (For broadcasters electing Option One)

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you correct qu			of eligible P	SAs (28, 56	5, or 84 pe	er week,	depending	on the r	eporting	g period)	during the	9
\boxtimes	Yes	No										
Have you correct qu			of eligible cr	awls (28, 56	6, or 84 p	er week,	depending	on the 1	eporting	g period)	during the	E
\boxtimes	Yes	No										

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:0	0 a.m. and 1:00 a.m. last quarter?
Total 5:00 a.m. to 1:00 a.m. PSAs	
Total 5:00 a.m. to 1:00 a.m. CSTs	
For informational purposes only, how many DTV PSAs and CS a.m.?	Ts did your station run in the last quarter from 6:00 a.m. to 9:00
Total 6:00 a.m. to 9:00 a.m. PSAs	
Total 6:00 a.m. to 9:00 a.m. CSTs	
For stations located in the Eastern or Pacific Time Zone, how many from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	y DTV PSAs and CSTs did your station run in the last quarter
Total 6:00 p.m. to 11:35 p.m. PSAs	
Total 6:00 p.m. to 11:35 p.m. CSTs	
For stations located in the Central or Mountain Time Zone, how marked from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?	any DTV PSAs and CSTs did your station run in the last quarter
Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	
Comments (add additional sheets where necessary):	

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related in be run between the hours of 8:00 a.m. a			At least one such program must
Total number of 30 Minute Information	nal Programs		i i
Comments (add additional sheets where	e necessary):		
100-Day Countdown Eligible Pieces -	- Last Quarter		
Beginning on November 10, 2008, all activities. Stations must execute a mir February 17, 2009. During the last qua	nimum of one "Countdown t	o DTV" on-air activity per day d	uring the 100 days leading up to
2	Graphic Displays		
	Animated Graphics		
	Graphic and Audio Displays		
	Longer Form Reminders		
Comments (add additional sheets where	e necessary):		
(

Section C (For Noncommercial broadcasters only)

Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?
☐ Yes ☐ No
30 Minute Educational Programs – Last Quarter
How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.
Total number of 30 Minute Informational Programs
Comments (add additional sheets where necessary):

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It

must also run one 30 minute transition education piece once (See rules for additional details).

Section D (For all broadcasters)

	Comments (add additional sheets where necessary):
⊠ les □ No	Comments (add additional sheets where necessary).
tion Website Additional Activity R	telated to the DTV Transition – Last Quarter
es your station have a Website?	⊠ Yes □ No
YES, did your station provide addition scribe what was posted on the station'	nal DTV related information or activities on that Website? The comment box may be s Website.
⊠ Yes □ No	Comments (add additional sheets where necessary): "Get Tuned In" website campaign with additional information for viewers. Link is posted on main web page.
heck all of the DTV related activities b	Last Quarter isted below that your station engaged in over the last quarter. The comment box may l
heck all of the DTV related activities b	
heck all of the DTV related activities ledescribe this activity.	isted below that your station engaged in over the last quarter. The comment box may l
describe this activity. Speaking Engagements	isted below that your station engaged in over the last quarter. The comment box may l Comments (add additional sheets where necessary):
heck all of the DTV related activities led describe this activity. Speaking Engagements Community Events	Comments (add additional sheets where necessary): Comments (add additional sheets where necessary):

STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Robert Behar Source St. St.	Robert Behar
Signature	Date
	04/08/08

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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